RYAN WHITE CARE ACT
A Project of the Division of HIV Servicer. BHRD, HRSA for Title I and II Grantees
CONTRACT ASSISTANCE

COMPREHENSIVE HIV HEALTH SERVICES PLANNING

TECHNICAL ASSISTANCE CONFERENCE CALL

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Bureau of Health Resources Development
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EXECUTIVE SUMMARY

This report summarizes the information presented in "Comprehensive HIV Health Services Planning," the ninth in a series of nationally broadcast technical assistance telephone conference (teleconference) calls arranged by the Division of HIV Services (DHS), Health Resources and Services Administration (HRSA). This report reflects both the content of the presentations and the questions and comments from listeners during the call. The teleconference call was broadcast on February 1, 1996. Participating in the teleconference call were more than 800 individuals from 164 sites.

The purpose of the teleconference call was to discuss and clarify comprehensive planning for HIV health and social services specific to Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I and II programs. The discussion focused on legislative requirements related to comprehensive planning as specified in the current legislation and expected changes in the reauthorization, DHS expectations regarding comprehensive HIV services planning, steps involved in comprehensive planning, and the use of comprehensive plans.

Planning has always been a central focus of the CARE Act legislation and a critical part of Title I and II programs. Comprehensive planning examines HIV care needs for the entire community or state, and assesses **all available resources** to meet those needs and overcome barriers to care. The goal of comprehensive planning is the creation of a road map for the incremental development of a system of care.

Although planning is central to the goals of the CARE Act, the legislation does not specifically define comprehensive planning. Legislative requirements related to comprehensive planning focus on the planning role of the Title I planning councils and Title II consortia. Title I planning councils are mandated to develop a comprehensive plan for the organization and delivery of services compatible with existing state or local plans. States must develop a comprehensive plan for HIV care services specific to Title II and provide funds to consortia for assistance in planning. HIV care consortia must establish plans to ensure the delivery of services to meet identified needs.

Five basic steps of planning were described to assist Title I EMAs and Title II areas in conducting effective comprehensive HIV services planning. They are as follows: (1) discuss the planning process and develop a clear written statement of purpose about planning; (2) develop a structure for planning; (3) develop a process for planning;
(4) develop a plan; and (5) put the plan into action.

The comprehensive planning process should have input not just from members of the planning council, but from many segments of the community. The more diverse and wider the representation in the statewide and local planning process, the better the plan will be, and the better the buy-in for implementation. It is particularly critical to include, from the beginning of the planning process, people living with HIV/AIDS (PLWHs).

Local and statewide planning needs to be a cooperative and collaborative effort. The comprehensive planning cycle is a circle, not a hierarchy. State plans do not completely drive local plans, nor do local plans completely drive state plans. Statewide plans may set the vision and values for the state, while local plans define local needs and resources, describe the local continuum of services, lay out the community's vision and values related to HIV services, describe long-term goals and objectives for the service delivery system, and spell out how the plan will be implemented.

Comprehensive plans are intended to have utility primarily at the local or state level. In addition to being a tool to guide service priority setting

and resource allocation decisions, the plan and the planning process can help planning councils and consortia in a variety of ways. Planning can provide an opportunity to involve the community, especially with regard to their vision and values about HIV service delivery; the planning process itself can help to develop closer working relationships among members of the planning body and between the planning body and other groups in the community. Planning can help a group to prepare for funding contingencies, and to identify technical assistance needs. By providing information about existing services and methods of service delivery, the planning process allows planning bodies to examine ways to increase the efficiency of service delivery and to maximize the use of existing funding streams.

DHS is committed to supporting the comprehensive planning process through technical assistance. Grantees can obtain technical assistance for planning activities --
on-site assistance as well as written resource materials developed during other on-site interventions -- from their Project Officers and through the technical assistance contract.
A series of self assessment modules -- including one on comprehensive planning -- are currently being developed that will assist planning entities to evaluate and improve their planning processes.

Under the present grant structure, no additional funds are specifically targeted for planning; however, there is considerable flexibility under both titles to fund planning activities. For Title I in particular, the grantee can use some of its administrative funds for planning activities; planning costs can also be included in planning council support. Similarly with Title II, the grantee at the state level can use some of its administrative costs to cover planning activities, and planning activities for consortia can be included under consortium activities.

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I. INTRODUCTION

A. PURPOSE

This report summarizes the information presented in **"Comprehensive HIV Health Services Planning,"** the ninth in a series of nationally broadcast technical assistance telephone conference (teleconference) calls arranged by the Division of HIV Services (DHS), Health Resources and Services Administration (HRSA). Included in the summary are both the content of the presentations and the questions and comments from listeners during the call. The teleconference call was broadcast on February 1, 1996.

The purpose of the teleconference call was to discuss and clarify one of the programmatic responsibilities of state and local HIV planning bodies: comprehensive planning for HIV health and social services specific to Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I and II programs. The call focused on legislative requirements related to comprehensive planning as specified in the current law and expected changes in the reauthorization, DHS expectations regarding comprehensive HIV services planning, steps involved in comprehensive planning, and the use of comprehensive plans.

The teleconference included panelists from the DHS and consultants who have worked extensively with planning councils and consortia to develop comprehensive plans, and representatives of grantees with comprehensive planning experience. (See Appendix A for a list of panelists and Appendix B for a copy of the conference agenda.)

B. PROCESS

Like the other teleconference calls in this series, the teleconference addressed topics and questions submitted by CARE Act grantees, planning council and consortia members, and HIV/AIDS service providers. In addition, listeners had an opportunity to ask questions during the call. Participating in the teleconference call were more than 800 individuals from 164 sites.

The format for this conference call included a significant amount of commentary from the Division of HIV Services, to describe both the legislative requirements for comprehensive planning and the importance the Division places on this topic. The experiences of several grantees who have carried out comprehensive planning were used as examples throughout the teleconference to illustrate the comprehensive planning process. Due to the diversity of participants and the varying degrees of planning experience, some basic principles related to comprehensive HIV services planning were reviewed. Questions submitted along with participant registration were used to help develop the agenda.

LEGISLATIVE REQUIREMENTS FOR COMPREHENSIVE PLANNING

Title I:

- Planning councils are mandated to develop a comprehensive plan for the organization and delivery of services compatible with existing state or local plans
- Priorities and implementation strategy for use of Title I dollars should reflect the comprehensive plan

Title II:

- States provide funds to consortia for assistance in planning
- States must develop a comprehensive plan for the organization and delivery of HIV care and support services specific to Title II

II. COMPREHENSIVE PLANNING AND DHS EXPECTATIONS

Planning has always been a central focus of the CARE Act legislation and a critical part of Title I and II programs. The benefits of planning are particularly evident at this critical juncture in Ryan White programs. Since the inception of Title I and II, planning councils, HIV care consortia, and state Title II planning groups have been doing annual planning to establish service and resource allocation priorities, as well as service goals and objectives for each grant year. However, comprehensive HIV services planning goes beyond planning for annual Title I or II services and resources. The goal of comprehensive planning is the creation of a road map for the incremental development of a system of care.

A. PURPOSE AND SCOPE OF COMPREHENSIVE PLANNING

PURPOSE AND SCOPE OF COMPREHENSIVE PLANNING

- Examines HIV care needs in a community/state
- Assesses available resources to meet identified needs
- Develops vision and values about HIV services
- Establishes long-term goals for the development of a system of care
- Helps communities and states to make decisions in allocating limited dollars

The purpose of comprehensive planning, for both Title I and Title II, is to help planning group members make better decisions about services for people living with HIV/AIDS (PLWHs), and how to develop and maintain a continuum of care. Planning is a way for people to think things through, work things through, and get things done. Every planning group -- Title I planning council, Title II state planning group, and HIV care consortium -- can be involved in planning effectively and successfully.

Comprehensive planning grapples with a complex set of service delivery issues. It examines HIV care needs for the entire community or state, and assesses all available resources to meet needs, as well as barriers that need to be overcome to meet these needs. Comprehensive planning activities begin with and build upon epidemiologic and needs assessment information developed for Title I and Title II grant applications. Most important, the comprehensive plan sets out long-term goals by addressing the vision and values that will guide the community's development of a system of care, and how it will make difficult choices with limited resources. This kind of comprehensive planning is now more important than ever, to provide a blueprint for the complex decisions faced by local and state planning bodies.

PENDING LEGISLATIVE REQUIREMENTS FOR COMPREHENSIVE PLANNING

- More prescriptive language with respect to priority setting, target populations, and services.
- Planning grants under Title I that will enable new EMAs to begin comprehensive planning prior to receipt of Title I formula grant.
- Title I plans and allocation and utilization of Title II resources will have to be consistent with statewide coordinated statement of need
- Responsibility for coordinating planning and implementation of federal HIV programs will be shared by HRSA, CDC and SAMHSA

Comprehensive planning helps planning councils, consortia, and state Title II planning groups answer three basic questions:

- Where are we now?
- Where are we going, and how will we get there?
- How will we monitor o ur progress?

B. LEGISLATIVE REQUIREMENTS RELATED TO COMPREHENSIVE PLANNING

1. Current Legislative Requirements

Planning is central to the goals of the CARE Act, but the legislation does not specifically define comprehensive planning. The purpose of the CARE Act is to develop, organize, coordinate, and operationalize more effective and cost-efficient systems of essential services to individuals and families with HIV disease. There is a recognition, both within the Act and by local communities, that comprehensive planning is a necessity in achieving this goal. The legislation itself, however, does not specifically define comprehensive planning for Title I, Title II at the state level, or Title II-funded HIV care consortia.

Legislative requirements related to comprehensive planning focus on the planning role of the Title I planning councils and Title II care consortia. Legislative references to planning begin with the Chief Elected Official's (CEO) designation of a Title I planning council, requiring that the CEO give priority to entities that have demonstrated experience in planning for HIV care services, and in implementing such plans to meet identified needs. Planning councils have a legislatively mandated responsibility to develop a comprehensive plan for the organization and delivery of services compatible with existing state or local plans. The service priorities identified and the implementation strategy for use of Title I dollars should reflect the comprehensive plan. Under Title II, states provide funds to HIV care consortia for assistance in planning, developing, and delivering comprehensive services for individuals and families with HIV/AIDS. To be eligible for state assistance, consortia must have carried out an assessment of need within their geographic area and developed a plan to ensure the delivery of services to meet identified needs. This process is to include participation of PLWHs.

The legislation also indicates that consortia must plan adequately in order to address the needs of families with HIV. The CARE Act's language relative to HIV care consortia provides a more thorough description of the elements of comprehensive planning than is found either in Title I -- which includes planning council responsibility for comprehensive planning -- or in the description of state-level Title II responsibilities. According to the legislation, states must develop a comprehensive plan for the organization and delivery of HIV care and support services that are **to be funded under Title II**. They are **not required to develop a comprehensive plan for all HIV care services within the state**, only a Title II comprehensive plan. Despite the absence of legislatively required comprehensive statewide planning, difficult

decisions about the use of limited Title II funds are best made as part of a planning process, rather than without the benefit of such a process.

2. Pending Legislative Requirements

Reauthorization is expected to further support the importance of comprehensive planning, and more prescriptive language may limit the local autonomy that has been characteristic of the Act. Within the Title I planning council prioritization process, for example, there will probably be additional requirements that priorities be based on specific elements -- such as cost effectiveness, availability of other government resources, and needs and priorities of HIV-infected communities, among others -- that should be addressed in a comprehensive planning process. For both Title I and II, reauthorization may set up an interesting dynamic. More prescriptive House and Senate language regarding increased attention to certain populations, such as women, infants and children, or certain services, such as prophylactics, may conflict somewhat with the local autonomy that has been inherent in planning under the CARE Act.

Reauthorization will also provide authority for planning grants under Title I. This will allow newly eligible EMAs to begin comprehensive planning and planning for Title I implementation prior to receipt of a Title I formula grant. Under reauthorization, responsibility for comprehensive planning will not be placed solely at local and state levels. HRSA will have federal responsibility for coordinating the planning and implementation of federal HIV programs in cooperation with the Centers for Disease Control (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Title I plans and the allocation of Title II resources will need to be consistent with a *statewide coordinated statement of need* The reauthorization contemplates requiring that Title I plans be consistent with a statewide coordinated statement of need. Under Title II, the allocation and utilization of resources will also have to be consistent with the statewide coordinated statement of need and developed in partnership with other CARE Act grantees.

The requirement for a statewide coordinated statement of need is not synonymous with legislative guidance for comprehensive planning. While it may be tempting to make this assumption, the proposed language refers to state responsibility for convening an annual meeting across CARE Act titles and HIV programs to develop a statewide coordinated statement of need. This statement of need is not equivalent to comprehensive planning. Rather, according to the apparent intent of the reauthorization language, it is a mechanism to enhance coordination across programs as they initiate their individual planning, decision making, and program implementation.

The requirement for a statewide coordinated statement of need is a potentially contentious issue, and may well change as reauthorization moves forward. During this year of transition, DHS will engage its grantees and constituency groups, along with other parts of HRSA, in a process to define what is meant by a statewide coordinated statement of need, and to establish reasonable and meaningful expectations around the implementation of a statement of need.

Finally, although the CARE Act itself is not threatened with block granting, many service programs that support the system of care of which the Ryan White CARE Act is a part may be block granted. DHS will be looking at the changing systems around it and considering how the CARE Act will address those changes.

III. STEPS IN COMPREHENSIVE PLANNING

For every planning group, there is an approach to planning, a planning

structure, a planning process, and planning tasks that will work. No one-size-fits-all type of comprehensive planning exists. Comprehensive planning for the HIV care consortium in Utah is different from comprehensive planning for the Title II comprehensive care working group in California; and comprehensive planning for the Title I planning council in St. Louis is different from planning in San Francisco.

Over the past several years, DHS has worked closely with several communities as they have developed their comprehensive plans, learning many valuable lessons through this process. One of the most important is not to jump into doing a comprehensive plan without considerable forethought, including clarity about what the planning body wants to accomplish, who are all the key players to involve, and what will be done with the plan once it is completed.

To engage in planning, planning groups need to address five major questions:

- What is the purpose of planning?
- What will be the structure for planning?
- What will the process for planning?
- What are the major tasks involved in planning?
- How do you put a comprehensive plan into action?

Answering these key questions sets the foundation for the comprehensive planning process and suggest five basic steps to assist Title I EMAs and Title II areas in conducting effective comprehensive HIV services planning. These steps are described below.

STEPS IN COMPREHENSIVE PLANNING

1. Discuss the planning process and develop a statement of purpose or a mission statement about planning.
2. Develop a structure for planning.
3. Develop a process for planning.
4. Develop a plan that outlines major planning tasks and carry out these tasks.
5. Put the plan into action.

1. Discuss and Agree on the Purpose of Planning

Discuss the planning process with your planning council, consortium, or state Title II planning group, and agree on the purpose of planning. Develop a clear written statement of purpose or mission statement about planning.

Planning councils may wish to go a step further and develop a vision or value statement about the plan or the planning process itself.

2. Develop a Structure for Planning

Develop a structure for planning within the planning council or consortium. Establish a planning committee as an *ad hoc* or a standing committee of the planning body. Make sure that the planning committee includes PLWHs and persons who have a special interest in planning. Then solicit input from all the planning council committees involved in needs assessment and evaluation. It is important that the planning committee be as diverse as the planning body. Be sure that the leadership structure for planning is clear -- including who has lead responsibility for developing the comprehensive HIV services plan.

3. Develop a Process for Planning

Develop a process for planning that includes all the key players and clearly outlines their roles and responsibilities in planning. Look at all the groups and individuals who are going to be involved -- the planning body, the planning committee, planning body staff, the grantee, health department staff, any consultant(s) you may be working with, and other people in the community. Make involving PLWHs a priority; allowing those who are most affected by this epidemic to have direct input into the decision-making process is a key to successful planning. One of the most important lessons learned from various EMAs that have gone through a comprehensive planning process is that local support of infected and affected communities is vital.

4. Develop a Plan that Outlines Major Planning Tasks and Carry Out These Tasks.

Develop a "plan to plan" that lays out major questions that you want to answer about your HIV care delivery system and the major planning tasks involved in answering those questions. Identify tasks, timelines, and responsibilities -- who will be responsible for each planning task. Then, follow this plan to carry out the major tasks of planning.

5. Implement the Plan

The fifth and last step is to put the plan into action. At each phase of the planning process, be sure to use planning information to help the planning council or consortium make decisions about service priorities, resource allocation, and other critical service delivery issues.

Approach comprehensive planning as a three- to five-year cycle -- from starting point to implementation of the plan itself. You need to have a vision that can be adjusted along the way on an annual basis. It might take three to six months to develop a "plan to plan" (a plan for major planning activities and tasks), and thus have a clear blueprint for planning. When actually writing the goals and objectives for the plan, think three to five years down the road. Epidemiologic projections should also cover a three- to five-year timeframe. For example, it will be important to be able to estimate the number of PLWHs in the EMA or state or consortium area three or four or five years from now. These are the people for whom services need to be planned. The goal is to be able to estimate the demand for units of the various types of services offered. Planning is not simply a document, it is a process to help make decisions about services.

THE ST. LOUIS PLANNING EXPERIENCE

The St. Louis EMA began its comprehensive planning process by outlining the purpose for planning, the structure to follow, and the planning process. The intention and direction of the planning process were to look at ways that the planning council could efficiently and effectively use Ryan White CARE Act funding in coordination with existing public and private resources.

A comprehensive planning committee was formed specifically to guide this process. The committee defined three major goals for the planning process:

- To bring the planning council and community together on the direction to take in the assessment of services for the EMA.

- To develop a broad comprehensive plan that included an assessment of both public and private resources in the area; a review of the care system to see who was being served, and what were the barriers and gaps; and an analysis of the epidemic (past, current, and future projections).

- To generate major short-term goals and objectives, and future health and social services needs; and outline a means to monitor and evaluate the services as they were delivered and coordinated through the planning council.

The planning group realized immediately that comprehensive planning could not be an isolated or separate action of the planning council. An *ad hoc* committee was set up to follow through on the comprehensive planning process; but it also formally solicited the involvement of all the planning council committees concerned with needs assessment and evaluation. It also selected a local consultant knowledgeable about services available within the EMA.

The emphasis placed on gaining local support and involving people directly affected by HIV has been a key factor in the success of the St. Louis planning efforts. The planning group took the federal mandate to include the affected community very seriously and, from the very beginning of the process, **active** involvement of PLWHs was sought. St. Louis required that 25% of its planning council membership be HIV-positive before it became a national requirement. The planning group also worked with a group called Positive Voices (PV) on both the planning and vision statement, allowing those who are most affected by this epidemic to have direct input into the decision-making process. PV provided guidance on such issues as: the most effective therapies and what can be made available, the most effective available method of providing personal care to the affected community, new services or previously available services needed, and how to pay for them.

Community input and support were also achieved through a community-wide retreat that helped to identify priorities and involved over 75 individuals and more than 40 different HIV/AIDS-related agencies in the EMA. At that time, people were coming together to work on a vision statement for the entire community, but they also had to deal with what appeared to be an impending crisis involving state funding for HIV/AIDS services. The crisis situation helped to focus people's attention, and allowed them to deal with the major issues. Retreat results included a formal vision statement that drove the remaining planning council activities for 1995 and served as a true springboard for comprehensive planning.

IV. ISSUES AND STRATEGIES

A. COMMUNITY INVOLVEMENT

The comprehensive planning process should have input not just from members of the planning council or consortium, but from many segments of the community. Increasing the level of community involvement in the needs assessment and planning process may be a challenge, particularly in rural areas. Identifying and involving the right mix of people is crucial.

Creative use of incentives can be the key to success in increasing community participation. For example, provide transportation to meetings -- this may be particularly helpful in rural areas where long distances are involved -- and other incentives such as refreshments, gift certificates, and vouchers for services to encourage attendance at meetings or focus groups.

Preserving confidentiality may be a major challenge to widening community participation, particularly in rural areas where PLWHs and their family members are often very reluctant to self-identify. The issue of how to engage and involve PLWHs needs to be urgently addressed, since meaningful planning with people must involve PLWHs. Planning bodies cannot do planning *for* them unless they do planning *with* them.

Planning bodies have identified ways to protect confidentiality by enabling PLWHs and their families to provide input without giving their names. For example, planning groups can publicize their interest in receiving PLWH input, providing a telephone number that PLWHs can call for interviews without identifying themselves. Similarly, an intermediary group or individual known in the PLWH community can identify PLWHs and arrange for them to call in for key informant interviews, again without giving their names.

Following are some valuable lessons to keep in mind when conducting needs assessments and developing comprehensive plans:

- **Don't re-invent the wheel.** There is a lot to be learned from other states' and EMAs' successes and shortcomings. Many assessments have

INVOLVING THE COMMUNITY: THE UTAH EXPERIENCE

The State of Utah conducted a statewide needs assessment in conjunction with the HIV prevention community planning process. This allowedepidemiologic information to be shared, which avoided duplication of effort and facilitated cost sharing. A local contractor conducted the needs assessment and developed an epidemiologic profile both for prevention and care. The contractor conducted key informant interviews throughout the state, including rural areas, and ran focus groups with both providers and consumers. Key informant interviews and existing networks -- including support groups and people already identified as needing services -- were used to recruit participants for the focus groups.

Rural community involvement in focus groups and key informant interviews was achieved largely through providing transportation to the focus group meetings, providing food at meetings, and offering other incentives such as gift certificates for use at a local grocery store.

Participants in the rural areas responded very positively. They expressed satisfaction with being asked to participate and have their voices heard. Many were eager to continue the dialogue begun during their group sessions, which may prove useful for subsequent comprehensive planning activities.

The key lesson from the Utah experience is: "Don't forget rural areas." Rural residents are interested and willing to participate in the planning process.

been done around the country and related assistance has been provided through the John Snow, Inc. (JSI) technical assistance contract; request the survey instruments and reports through your DHS project officer.

- **Pool resources**. Think about what costs can be shared with other HIV-related efforts in your community or state. For example, you may be able to share the cost and effort of developing an epidemiologic profile with the HIV Prevention Community Planning Group; also, the profile can be used for the Title I program, the regional consortium, and the state Title II program.

- **Allow extra time in rural areas**. Distances and confidentiality issues may present additional challenges in obtaining community input in rural areas; allow time to overcome these obstacles.

B. COORDINATION WITH STATE PLANS

Local and statewide planning needs to be done cooperatively and collaboratively. The comprehensive planning cycle is a circle, not a hierarchy. State plans do not completely drive local plans, nor do local plans completely drive state plans. The more diverse the representation in the statewide and local planning processes, the better the plan will be, and the better the community "buy-in" for implementation. Creative approaches are needed to get more people involved and bring more voices to the table in statewide as well as local planning. Planning is a long-term educational process: planning bodies don't learn how to do planning in a few weeks; planning improves over time. The best ways to learn are by doing a plan and by learning from others with more experience.

Title II state and regional/local planning are intertwined. If the state Title II planning body developed a state plan last year and the regional consortia are now in the process of developing comprehensive plans for the first time, they should share information and experience. Within a few years, the statewide plan will better reflect regional and local needs and priorities, and vice versa. The Title II statewide plan may set the vision and values for the state, while regional or local plans will include more specific information about the development of HIV service systems. The two are closely interrelated. Barriers to care at the local level have an impact at the state level, and the vision and values set down at the state level will certainly have an impact at the local level. Massachusetts, with 21 regional consortia, emphasizes coordination between the statewide and regional plans. Similarly, it is important that when a case manager in a service area in Illinois reads the statewide plan, s/he can see how that region's activities coordinate with the overall statewide vision. The Massachusetts example in the box below highlights a range of state roles in the planning process.

COORDINATING WITH STATE PLANS: THE MASSACHUSETTS EXPERIENCE

Massachusetts describes the role of the State in terms of the planning process by addressing six main points:

1. **Developing a statewide needs assessment.** The State contracted with a consultant (JSI) to do a second statewide services needs assessment for a five-year period (1995-1999).

2. **Disseminating needs assessment and epidemiologic data.** The State has distributed over 300 copies of the assessment report and the statewide epidemiologic profile to providers and consortium members, policy makers, and consumers in the community.

3. **Providing technical assistance to its consortia.** Massachusetts has provided extensive technical assistance to its 21 Title II consortia using the DHS technical assistance contract and state matching dollars. In the past six months, the State provided a statewide training series for Title II providers and consumers on such topics as consortium structure and governing bodies, strategic planning, membership and leadership development, and marketing consortia in their communities.

4. **Providing staff support for consortium development and planning activities.** The Massachusetts Department of Public Health has a full-time staff person to provide support and technical assistance to Title II consortia to strengthen their development and ability to conduct planning for their geographic areas. The state also has an annual consumer/provider conference with a strong focus on planning.

5. **Guiding the priority-setting process.** Through its request for proposals (RFP) process, the State has defined and prioritized for funding a core group of acceptable services. Language requires local consortia to be consistent with the priorities set by the state and to have a reasonable needs assessment process: they need to identify the right services through the right process.

6. **Guiding consortia development and activities.** The State has developed guidelines, beyond the language of the legislation, for consortium development and activities. For example, there is specific language regarding inclusiveness, consumer participation, and the need to rely on hard data to prioritize services and conduct appropriate needs assessment. The role of local communities through consortium activities includes conducting local needs assessments, prioritizing services, and encouraging both consumer and provider participation. Consortia are also expected to create opportunities for ongoing dialogue among the Department of Health, consortium support staff, provider managers, and local consortium members. This is accomplished through forums such as the regional training, the conference, etc.

C. USE OF COMPREHENSIVE PLANS

Comprehensive plans are intended to have utility primarily at the local or state level. The plans are primarily for states and communities, not for DHS. In addition to serving as a tool to guide service priority setting and resource allocation decisions, the plan and the planning process can help planning councils and consortia in a variety of ways. Planning provides an opportunity to engage the community, and to help develop a vision and values around HIV/AIDS services delivery. The planning process itself can help to develop closer working relationships among members of the planning council or consortium and between the planning body and other groups in the community. The planning process can also provide the opportunity to develop databases of information about services and resources. Most of all, planning improves decision-making about services.

In addition to developing service goals and objectives, comprehensive planning can provide an opportunity for developing systems goals and objectives, and identifying the technical assistance needed to achieve them. DHS Project Officers can also use plans to monitor the efforts of grantees and their consortia and planning councils to meet legislative mandates and to help orchestrate technical assistance responses.

Planning can help a group to develop decision-making criteria and contingency plans that can be used in many situations. A plan can prepare the planning council or consortium to respond appropriately to predict changes in the face of the epidemic and to react efficiently to changes in resources. Planning also enables planning bodies to look at services and systems of care in the context of a range of funding sources. By providing information about existing services and methods of service delivery, the planning process allows planning councils and consortia to examine ways to increase the efficiency of service delivery and to maximize the use of existing funding streams. The box provides an example of many uses of a comprehensive plan by one EMA.

Discussion of comprehensive planning is also a requirement for the annual applications to DHS. This year, staff will perform an internal critical analysis of those applications and provide direct feedback to Title I and II grantees. Often a review of such plans will help in the identification of other challenges inherent in HIV care and treatment, such as implementation of ACTG 076 protocols and development of systems of managed care. In addition, through a contract with the National Alliance of State and Territorial AIDS Directors (NASTAD), DHS will be finalizing a cross-state qualitative analysis of state-level planning and needs assessment activities.

HOW THE RIVERSIDE-SAN BERNARDINO EMA HAS USED ITS COMPREHENSIVE PLAN

The Riverside-San Bernardino EMA in California spent over a year working on a comprehensive plan. A draft plan was recently completed and is now being put into action; the group expects to use it extensively.

The process of planning itself was very useful to the EMA. It provided an opportunity to engage the community, especially with regard to their vision and values, in the needs assessment. The planning process helped to strengthen working relationships among planning council members and between the planning council and other groups. It has also facilitated the sharing of knowledge among people with different areas of expertise. Planning also enabled the EMA to develop databases of needs, resources, and costs.

Planning was a very intense learning process for all. It provided for a systematic approach to collecting, analyzing, and applying information; and the opportunity for developing a conceptual framework in which to place this information. The planning process allowed the planning council to consider issues and to develop decision-making criteria and contingency plans should certain events occur, such as cuts in funding. It also provided an opportunity for developing some systems goals and objectives in addition to service goals and objectives; and to determine the technical assistance needed to achieve these goals and objectives.

Of course, the main purpose of the plan is for decision making. The San Bernardino-Riverside EMA uses the plan for making decisions about several funding streams -- Ryan White Title I and Title II programs, and for other HIV/AIDS services including prevention ???]. Planning has allowed a look at services and systems of care in the context of a range of funding sources.

By obtaining information about existing services and methods of service delivery, the planning council has been able to examine ways to increase the efficiency of service delivery and to maximize the use of existing funding streams. For example, the EMA developed strategies to maintain existing services at a reduced cost, such as the regionalization of services, co-location of services, use of alternative types of personnel to provide the services, alternative hours of operation and increased and more appropriate utilization of existing services. The plan was extremely helpful in writing the supplemental grant application; it contained an epidemiological profile, needs assessment, a resource inventory, goals and objectives, and other information needed for the application.

The Riverside-San Bernardino planning council has received extensive technical assistance from HRSA. This assistance was very easy to get. They simply contacted their project officer, and the project officer facilitated the request.

D. The Role of Evaluation in Comprehensive Planning

Evaluation is an important component of comprehensive planning, and is receiving increasing attention both from DHS and within grantee communities. There seems to be a greater focus on evaluation related to Title I than to Title II programs. DHS recently participated in organizing an evaluators' meeting held in early March 1996. The Division invited a small group of Title I grantees and their evaluators to meet with DHS staff as well as research staff from the Office of Science and Epidemiology to understand their evaluation approaches. One of the goals of that meeting was to develop a tool to share with grantees and use in technical assistance. No specific plans have been made for evaluation planning with Title II grantees and consortia. However, many of the areas of evaluation for Title I are transferrable to Title II.

DHS has commissioned a series of self-assessment tools to assist grantees with evaluation efforts. These modules are being developed under the JSI technical assistance contract. They look at several areas of planning body activity, including structure, process, and outcomes, and include modules on representation and inclusiveness and on the availability of services and the continuum of care. The module on comprehensive planning will allow planning entities to evaluate and improve their planning processes. The modules are in various stages of development and pilot testing. They should be very useful for both planning councils and consortia.

It is important to understand the differences among different purposes and types of evaluation -- for example, between evaluating the planning group's decision-making processes, evaluating the comprehensive plan, evaluating the quality and cost effectiveness of services, and monitoring the contracts of service providers. The responsibility for monitoring contracts will generally lie with the lead agency, fiscal or fiduciary agent. If the issue is the quality of the services being provided in the community, there are some important factors to consider. For example, contracts with service providers will have a specific scope of work, so the first step is to make sure that the contracts have a clear scope of work. It is also critical to set standards of care in determining quality of services -- and this is part of the comprehensive plan. First, clear goals and objectives for the community need to be stated, and then standards of care need to be set. This requires an operational definition of what is meant by good quality care. Services can the be evaluated annually using those criteria. Some tools for assessing client satisfaction and quality of care include client satisfaction and provider satisfaction surveys.

For additional information related to evaluation activities, refer to an earlier teleconference report on quality assurance issues; these issues are often integral to evaluation activities at the local and state levels. Grantees will be hearing more in the future about evaluation.

E. DHS Support of Comprehensive Planning Activities

DHS is committed to supporting the comprehensive planning process through technical assistance. Grantees can obtain assistance with planning activities through the technical assistance contract. Help can include on-site assistance as well as written resource materials from previous on-site interventions. Project Officers are another important source of planning assistance. They can provide referrals and links to grantees that have developed effective approaches to planning, and in some instances even provide samples of documents about particular areas of planning. DHS also encourages grantees to look to local resources such as universities and United Ways for assistance with developing and implementing planning activities.

Under the present grant structure, there are no additional funds specifically targeted for planning activity; however, there is considerable flexibility under both titles to fund planning activities. Since planning is part of the legislative mandates for grantees, planning councils, and consortia, grantees

are allowed to fund planning activities using the formal and supplemental grants in a variety of ways. For example, under Title II, costs associated with statewide planning can be included in the grantee's 5% allowance for planning and administration. In addition, it is allowable for planning activities to be funded as part of consortium activities. Under Title I, planning activities can be funded under the grantee's administrative costs, and as a necessary and reasonable cost associated with planning council support. Thus, the existing grant structure provides considerable flexibility for funding planning activities.

V. CONCLUSIONS AND EVALUATION

A. CONCLUSIONS

Planning has always been a central focus of the CARE Act legislation and a critical part of Title I and II programs. Comprehensive planning examines HIV care needs for the entire community or state, and assesses all available resources to meet those needs and to overcome barriers to care. The goal of comprehensive planning is the creation of a road map for the incremental development of a system of care.

Planning is central to the goals of the CARE Act, but the legislation does not specifically define comprehensive planning. Legislative requirements related to comprehensive planning center on the planning role of the Title I planning councils and Title II care consortia. Title I planning councils are mandated to develop a comprehensive plan for the organization and delivery of services compatible with existing state or local plans. Priorities and implementation strategy for use of Title I dollars must be reflective of the comprehensive plan. Under Title II, states must develop a comprehensive plan for HIV care services specific to Title II only and provide funds to consortia for assistance in planning.

Reauthorization is expected to further support the importance of comprehensive planning, and to introduce more prescriptive language which may limit the local autonomy that has been characteristic of the Act. There will probably be additional requirements to base priorities on specific elements -- such as cost effectiveness, availability of other government resources, and needs and priorities of HIV-infected communities -- and to increase attention to certain populations, such as women, infants and children, or certain services. Reauthorization is also expected to provide authority for planning grants under Title I, and to require that Title I plans and the allocation of Title II resources be consistent with a statewide coordinated statement of need.

Clarity about what is to be accomplished, the key players that need to be involved in the process, and use of the comprehensive plan once completed are important issues that need to be addressed before the planning process begins. The five basic steps of planning are as follows: (1) discuss the planning process and develop a clear written statement of purpose about planning; (2) develop a structure for planning; (3) develop a process for planning; (4) develop a plan; and (5) put the plan into action.

The comprehensive planning process should have input not just from members of the planning council, but from many segments of the community. The more diverse and wider the representation in the statewide and local planning process, the better the plan will be, and the better the buy-in for implementation. It is particularly critical to include PLWHs in the planning process.

Local and statewide planning needs to be done cooperatively and collaboratively. The comprehensive planning cycle is a circle, not a hierarchy. State plans do not completely drive local plans, nor do local plans completely drive state plans. Title II state and regional/local planning are intertwined. The statewide plan will set the vision and values for the state, while the regional or local plan will often offer more specific HIV service delivery

implementation activities.

In addition to serving as a tool to guide funding decisions, the plan and the planning process can help planning councils and consortia in a variety of ways. Some of these are: providing an opportunity to involve the community; helping to develop closer working relationships among members of the planning body and between the planning body and other groups in the community; and providing an opportunity for developing systems goals and objectives, and identifying the technical assistance needed to achieve them. DHS Project Officers can use plans to monitor the efforts of grantees and their consortia and planning councils to meet legislative mandates and to help orchestrate technical assistance responses.
Planning can help a group to develop decision-making criteria and contingency plans which can be used in many situations. A plan can prepare the planning council or consortium to respond appropriately to predict changes in the face of the epidemic and to react efficiently to changes in resources. Planning also enables planning bodies to look at services and systems of care in the context of a range of funding sources.

DHS is committed to supporting the comprehensive planning process through technical assistance. Grantees can obtain assistance with planning activities through the technical assistance contract. Help can include on-site assistance as well as written resource materials from previous on-site interventions. Project Officers can provide referrals and links to grantees that have developed effective approaches to planning, and in some instances even provide samples of documents about particular areas of planning. DHS also encourages grantees to look to local resources such as universities and United Ways for assistance with developing and implementing planning activities.

The existing grant structure provides considerable flexibility for funding planning activities. For example, under Title II, costs associated with statewide planning can be included in the grantee's 5% allowance for planning and administration. In addition, it is allowable for planning activities to be funded as part of consortium activities. Under Title I, planning activities can be funded under the grantee's administrative costs, and as a necessary and reasonable cost associated with planning council support.

B. EVALUATION

Participants in each teleconference call are encouraged to complete brief written forms asking for evaluation feedback, suggestions/comments, and recommendations for follow-up. Sixty evaluations were received for this teleconference call; the full evaluation report is included as Appendix C. Major results are summarized below.

Overall, the teleconference received a satisfactory rating (3.0 on a scale of 1 to 5). The content of the call was thought to be well organized and generally useful; however, 12% of respondents felt that the information presented was too general, basic, and/or abstract. A common thought was that teleconference topics needed to be more advanced, that is, go beyond the presentation of general steps and concepts. Over 13% of respondents observed that speakers moved too quickly and used too much jargon, making it difficult to take notes. Fifteen percent of respondents requested written follow-up, which this report provides.

Some respondents suggested future conference call topics, including a more detailed conference call focusing on state planning and the statewide comprehensive statement of need, evaluation of the administrative agency by the planning council, how to evaluate the effectiveness of service delivery, and available evaluation tools. Priority-setting was another popular topic for future conference calls -- specifically, various approaches to priority-setting and the relationship of priority-setting to comprehensive planning and needs assessment. Twelve percent of respondents agreed that needs assessment is an

appropriate topic for the next conference call. Some suggestions for content included an examination of needs assessment tools, and how to identify and involve a wide range of participants in the needs assessment process.

APPENDIX A:
PANELISTS

FACILITATOR

Jon Nelson, Chief, Planning and Technical Assistance Branch, Division of HIV Services

PANELISTS

Anita Eichler, Director, Division of HIV Services

Steven Young, Chief, Eastern Services Branch, Division of HIV Services

Gary Cook, Chief, Western Services Branch, Division of HIV Services

Andrew Kruzich, Deputy Branch Chief, Planning and Technical Assistance Branch, Division of HIV Services

CONSULTANTS

Patricia Eleanor Franks, Technical Assistance Consultant to the Division of HIV Services,
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Donna M. Yutzy, Technical Assistance Consultant to the Division of HIV Services, Sacramento, California

John Holste, Planning Council Manager, St. Louis EMA

Larry McCulley, Chair, Comprehensive Planning Committee, St. Louis EMA

D.J. Thomason, Co-Chair, Positive Voices Group, St. Louis EMA

Michelle Bordeu, Director of Planning, AIDS Bureau, Department of Public Health, Massachusetts

Jodie Quintana-Pond, Coordinator, HIV/AIDS Treatment and Care Program, Utah

Bonnie Birnbaum, Representing Riverside-San Bernardino EMA

APPENDIX B

AGENDA

AGENDA

Comprehensive HIV Health Services Planning
Technical Assistance Conference Call
Thursday, February lst, 2:00 PM Eastern

I. Opening Statements

II. Overview of Comprehensive Planning for Titles I and II

III. Questions Concerning the Legislative Requirements Related to Comprehensive Planning for Titles I and II

A. What are the current legislative requirements related to comprehensive planning?

B. What are the pending legislative requirements related to comprehensive planning?

C. What is the SCSN (statewide coordinated statement of need)?

IV. Questions Concerning the Steps of Comprehensive Planning

1. What is the Purpose of Planning?

2. How do you setup a Structure for Planning?

3. How do you Develop a Planning Process?

4. What are the Major Tasks involved in Planning?

5. How Do You Put the Comprehensive Plan into Action?

QUESTIONS FROM LISTENERS

V. General Questions

A. How can we increase the level of community involvement in the needs assessment and planning process in rural areas?

B. How can states' plans be coordinated with the plans of individual communities in that state?

VI. Utilization of Comprehensive Plans

A. DHS: How does DHS use the grantees' comprehensive plans?

B. Grantees: How do Planning Councils and Consortia use their own comprehensive plans?

VII. DHS Support of Comprehensive Planning Activities

A. Is there funding available to assist with needs assessment/planning process?

B. What technical assistance is available to grantees?

QUESTIONS FROM LISTENERS

VIII. Closing Statements

APPENDIX C:
EVALUATION REPORT

RYAN WHITE TECHNICAL ASSISTANCE CONFERENCE CALL

"Comprehensive HIV Health Services Planning"

SUMMARY OF PARTICIPANT EVALUATIONS

The ninth conference call in the Ryan White Technical Assistance Conference Call Series took place on February 1st, 1996, and focused on Comprehensive Planning. As 164 sites listened, a team of 12 DHS staff, consultants, and grantees addressed issues related to the legislative requirements for comprehensive planning, the steps involved in comprehensive planning, and the utilization of comprehensive plans. Questions were submitted by conference call registrants and were used to develop the agenda for the audioconference. Listeners included Title I and II grantees, Planning Council and Consortia members, and service providers.

Panelists:

1. Anita Eichler, Director, Division of HIV Services (DHS)
2. Steven Young, Chief, Eastern Services Branch, DHS
3. Gary Cook, Chief, Western Services Branch, DHS
4. Andrew Kruzich, Deputy Director. Planning and Technical Assistance Branch. DHS
5. Pat Franks, Consultant to DHS, San Francisco, CA
6. Donna Yutzy, Consultant to DHS, Sacramento, CA
7. John Holste, Planning Council Manager, St. Louis EMA
8. Larry McCulley, Chair, Comprehensive Planning Committee, St. Louis EMA
9. D.J. Thomason, Co-Chair, Positive Voices Group, St. Louis EMA
10. Michelle Bordeu, Director of Planning, AIDS Bureau, Department of Public Health, Massachusetts
11. Jodie Quintana-Pond. Coordinator, HIV/AIDS Treatment and Care Program. Utah
12. Bonnie Birnbaum. Representing the Riverside/San Bernardin EMA

Jon Nelson, Chief of the Planning and Technical Assistance Branch at DHS. facilitated the call. This report is based on sixty evaluations that were received in the two weeks following the conference call. The content of this conference call was thought to be well organized and generally useful; however, twelve percent of respondents felt that the information presented was too general, basic. and abstract. A common thought is that topics need to be more advanced; agendas need to move beyond the presentation of general steps and concepts and concentrate on typical problem areas. Over thirteen percent of respondents complained that speakers moved quickly and used too much jargon. Fifteen percent of respondents request written follow-up, and many offer ideas for follow-up conference calls on comprehensive planning and other topics. Twelve percent agree that needs assessment is an appropriate topic for the next conference call, and is an area that requires clarification.

Overall Evaluation of Conference Call:

1	2	3 x	4	5
Poor		Satisfactory		Excellent

Average Response: 3.0

Listeners assign a satisfactory rating of 3.0 to the technical coordination and content of this conference call.

Suggestions or Comments Regarding this Conference Call

Although the content of this conference call was thought to be well organized and generally useful, twelve percent of respondents felt that the information presented was too general, basic, and abstract. Several wanted more diversity in the approaches that were discussed during the conference call. For instance, a description of an innovative planning process that was developed to overcome certain barriers would have been much more specific and helpful information. The examples that were used during the call seemed to be a popular means of illustration, especially the rural perspective offered by Utah.

Over thirteen percent of respondents complained that speakers moved too quickly. Listeners were unable to comprehend all of the information presented, and could not take notes. The same percentage was baffled by the use of jargon, and complained that they could not understand much of the terminology used during the discussion.

On a technical note, one site found it difficult to hear portions of the call; one site had problems connecting to the call; and one site was unable to ask questions during the presentation. According to another site, there were significant problems with voice transmission; speakers' voices were cut off several times.

Several sites felt that the conference call content did not apply to their situation. One site felt that the call wasn't applicable for their county, public health unit; the discussion was not on their level. Another remarked that this call was targeted to entities not very experienced in planning.

Random comments and suggestions include the following.

- There was no client input on planning.
- This was a timely topic and update.

- Many questions were answered by "we hired a consultant...". We can't always afford that option.
- The conference call was a catalyst for in-depth conversation at our site.
- The content was too "textbook" in nature.
- There should have been more "step by step" instruction for consortia.

Recommendations for Follow up to this Particular Conference Call

Fifteen percent of respondents request written follow-upSome ask for the inclusion of specific sources of assistance available, such as contact names and written guidance materials.
Several sites ask to be kept informed of the progress and release of the self assessment modules.
One site asked that DHS produce a handbook on comprehensive planning.

Many suggestions were made regarding a follow-up conference call on comprehensive planning.

- Have a more detailed conference call focusing on state planning.
- Break down some of the topics presented here into conference calls of their own.
- Address the questions that were submitted for this call and remain unanswered.

Others suggestions for follow-up to the topic of comprehensive planning could be addressed in a written format OR another conference call:

- Highlight the planning processes of three distinct areas (a high, moderate, and low incidence area), and the resolution of planning issues in each area over the past five years.
- Outline the components of a typical plan.
- Be more specific about funding for planning.
- Provide additional examples of planning that other areas are conducting.
- Concentrate on Title I and II coordination of the SCSN.

Recommendations for the Content and Organization of Future Conference Calls in this Series

Future Topics

Some respondents comment on future conference call topics. Twelve percent agree that needs assessment is an appropriate topic for the next conference call, and is an area that requires clarification. Some elaborate and ask for an examination of needs assessment tools, and a discussion on how to define and enlist participants in the needs assessment process. There are also many requests for conference calls focusing on evaluation: the evaluation of the administrative agency by the Planning Council, how to evaluate the effectiveness of service delivery, and tools available for evaluation. Another popular area is priority-setting. Listeners want to know about various approaches to priority-setting, and its relationship to comprehensive planning and needs assessment. Still other ideas concern collaboration -- sites ask for specification on the collaborative effort among Ryan White programs, and with the CDCSome suggestions concern rural areas -- several ask for instruction on increasing clientele and community involvement in rural areas.

Organizational Aspects

Respondents provide input on the future organization of the conference call series.
A common thought is that topics need to be more advanced; agendas need to move beyond the presentation of general steps and concepts and concentrate on typical problem areas.
The conference calls should continue to rely on specific examples as illustrations, but the examples need to be more diverse, and should consist of both urban and rural representation.
Also. time is always a constraint. Presenters should concentrate on a couple of areas, rather than attempting to cover too much.

Respondents offer ways to ensure that the conference calls are applicable to those listening. Basically, defining the target audience for each conference call could make calls more applicable to those listening. Smaller. local audioconferences could cover local issues. Conference Calls could target either Title I OR Title II listeners, not both. Or, calls could apply to a single state's situation.

Respondents want more written materials to accompany the conference calls, including sample tools and a list of terms and acronyms.Most importantly, listeners ask to receive the agenda earlier. and in greater detail.

A common complaint of this call was the use of technical language. Speakers should remember to speak in user-friendly language in future conference calls.

Random organizational recommendations include the following.

- Present topics "step by step".
- Have fewer presenters.

- Publicize the learning goals and objectives of each call.
- Skip the call, unless the information is time critical, and publish notes instead.
- Involve more clients.
- Don’t read from scripts.
- Conduct teleconferences via satellite.

Actions for Improvement

We have incorporated changes in the Ryan White Technical Assistance Conference Call Series in the past, based on these listener evaluations. For instance, the request for written summary reports is consistently mentioned. In response, we have decreased the production time of these reports, and made their completion and distribution priorities.

In planning future conference calls, lessons can be learned from this summary. Content will continue to rely heavily on the use of examples; however, will move away from general presentations of concepts. In the interest of time, we will try to focus on several important areas of a topic, rather than attempting to cover too much. In this way, speakers will be able to slow down and elaborate using more examples.

Listeners always ask for smaller, more audience-specific conference calls. This has been difficult to achieve in the past, given the financial and staff resources that these conference calls entail. Smaller calls will continue to be a goal of this series as we strive to make the content as applicable to listeners as possible.

Another frequent request is for more written material prior to the conference call. This is difficult to manage, given the mechanism of building the agenda from the questions submitted. This schedule allows only two weeks planning time, and the agenda is usually finalized as late as several days before the call. This is another area we will endeavor to improve.